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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/772,716	02/05/2004	1616	743	10872.0517745		43	5

CONFIRMATION NO. 5622

Frost Brown Todd LLC  
 2200 PNC Center  
 201 East Fifth Street  
 Cincinnati, OH 45202

## FILING RECEIPT



\*OC000000017014710\*

SIM  
 9-26-05

Date Mailed: 09/14/2005

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Jeffrey A. Whitsett, Cincinnati, OH;

## Power of Attorney:

Ralph Skinkiss-26105 \_\_\_\_\_ William Gallagher-35145  
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 David Schmit-28472 \_\_\_\_\_ Stephen Albainy-Jenci-41487  
 Edwin Acheson Jr-31808 \_\_\_\_\_ Kevin Sprecher-42165

See attached  
 Power of Attorney.

## Domestic Priority data as claimed by applicant

This appln claims benefit of 60/519,453 11/12/2003

## Foreign Applications

If Required, Foreign Filing License Granted: 09/14/2005

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US10/772,716**

Projected Publication Date: 12/22/2005

Non-Publication Request: No

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**Early Publication Request: No**

**\*\* SMALL ENTITY \*\***

**Title**

Diagnosis, prognosis and treatment of pulmonary diseases

**Preliminary Class**

424

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Almost every country has its own patent law, and a person desiring a patent in a particular country must make an application for patent in that country in accordance with its particular laws. Since the laws of many countries differ in various respects from the patent law of the United States, applicants are advised to seek guidance from specific foreign countries to ensure that patent rights are not lost prematurely.

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*ITW*

PTO/SB/21 (09-04)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

6

Application Number

10/722,716

Filing Date

February 5, 2004

First Named Inventor

Jeffrey A. Whitsett

Art Unit

Examiner Name

1616

Attorney Docket Number

10872.0517745

### ENCLOSURES (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application                          | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund  | Statement Under 37 CFR 3.73(b) (1 Page);  |
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| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |  |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Frost Brown Todd LLC		
Signature	<i>Stephen R. Albainy-Jenei</i>		
Printed name	Stephen R. Albainy-Jenei		
Date	10/25/05	Reg. No.	41,487

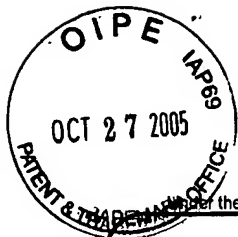
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Typed or printed name	Linda E. Spore	Date	10/25/05

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/772,716
Filing Date	February 5, 2005
First Named Inventor	JEFFREY A. WHITSETT
Title	Diagnosis, Prognosis and Treatment
Art Unit	1616
Examiner Name	TBD
Attorney Docket Number	10872.0517745

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

26874

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address

City

State

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>James M. Anderson</i>	Date	10/3/05
Name	James M. Anderson	Telephone	(513) 636-3333
Title and Company	President and CEO, Children's Hospital Medical Center		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.

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**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: JEFFREY A. WHITSETT

Application No./Patent No.: 10/722,716 Filed/Issue Date: February 5, 2005

Entitled: Diagnosis, Prognosis and Treatment of Pulmonary Diseases

Children's Hospital Medical Center, a not-for-profit corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or  
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

A ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 015510, Frame 0464, or for which a copy thereof is attached.

OR

B ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

James M. Anderson  
Signature

10/3/05  
Date

James M. Anderson  
Printed or Typed Name

(513) 636-3333  
Telephone Number

President and CEO  
Title

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